Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

K-581

CLAIMS AS FILED - PART I (Column 1)						mn 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			3				ſ	RATE	FEE	· · ,	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			3 minus 20=					X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			ع minus 3 =		*			X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT	,	-			+135=		OR	+270=	
* If th difference in column 1 is less than zero, en					r "0" in c	olumn 2	L	TOTAL		·OR	TOTAL	710
CLAIMS AS AMENDED - PART II									· · · · · · · · · · · · · · · · · · ·		OTHER	
		(Column 1)		(Column 2) (Column 3)				SMALL E	NTITY	OR	SMALL	
MENT A		CLAIMS REMAINING AFTER AMENDMENT	45	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	. 21	Minus,	2	20	=		X\$ 9=	-	OR	X\$18=	18
AMEND	Independent	NTATION OF MI	Minus	***	5 CLAIM	=	i d	X40=		OR	X80=	• • •
	· ·	NIATION OF MI	DETIPLE DET		CLAIN			+135=	Contraction of	OŘ	+ 270=	
				• ••			L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	1800
		(Column 1)	•.	(Colu	mn 2)	(Column 3)						
ENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	* NITATION OF MI	Minus	***	T CL AIM	=		X40=		OR	X80=	·
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLATIVI		1	+135=		OR	+270=	
							. L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)		ODII. I EE			ADDI1.1 CE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	7
	Independent	*	Minus	***	T 61 644	=	1 [X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT C						┛ ┟	+135=			, 270	
	* If the entry in column 1 is less than the ntry in column 2, write "0" in column 3.									OR	+270= TOTAL	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								•	OR	ADDIT. FEE	
	•	nber Previously Pa				•	er fou	nd in the app	propriate bo	x in co	olumn 1.	